FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K52165

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Principal Piac	ASTAL PTE DR.	Mailing Address C/O DAVID H GIBBONS P O BOX 3659 TEQUESTA FL 33469-0659					
US		US		3. Date incorporated or Qualified 12/12/1988	3a. Date 0 04/18/		eport
1	Name of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	-	├ ─-┼	plied For
State, Apt	#, etc	Suite, Apt. #. etc.		5. Certificate of Status Desired		8.75	t Applicable Additional
City & Stat	FI	City & State		8. Election Campaign Financing		Fee Re	<u> </u>
23		28		Trust Fund Contribution		\$5.00 Added t	
Zip	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax		199.032
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Age	int	
	BONS, DAVID H.		81 Name				
	6 COUNTY LINE RD NUESTA FL 33469		82 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
			84 City		FL ⁸	15 Zip (Code
agent La	registered agent, or holh, in the State am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, Fi	authorized by the corpor orida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	pt the appoint	ment as	registered
agent La SIGNATURE	Signal of Mysel pointed name of registered as	one Preside		<i></i>	-5 -9 DATE	<u>7</u>	
SIGNATURE	OFFICERS AN	peri and title if applicable (NO	E. Ragistered Agent signature req	gured when reinstating)	-5 - 9 DATE DERS AND DI	<u>7</u>	IS IN 12
SIGNATURE 12. TILE NAME	OFFICERS AN GIBBONS, DAVID H.	gert and title if applicable (NO)	E Ragistered Agent signature red 13. 1.1 TITLE 1.2 NAME	gured when reinstating)	-5 - 9 DATE DERS AND DI	7 RECTOR	IS IN 12
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i. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

561-745-9700